

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		04-28-01
O.I.P.E. CLASSIFIER		21	412541
FORMALITY REVIEW	91	875	318101
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	04/28/01
2		✓	04/28/01
3		✓	04/28/01
4		✓	04/28/01
5	✓	✓	04/28/01
6		✓	04/28/01
7	✓	✓	04/28/01
8		✓	04/28/01
9	✓	✓	04/28/01
10		✓	04/28/01
11	✓	✓	04/28/01
12		✓	04/28/01
13	✓	✓	04/28/01
14		✓	04/28/01
15	✓	✓	04/28/01
16		✓	04/28/01
17		✓	04/28/01
18		✓	04/28/01
19	✓	✓	04/28/01
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21	✓	✓	04/28/01
22		✓	04/28/01
23	✓	✓	04/28/01
24		✓	04/28/01
25		✓	04/28/01
26	✓	✓	04/28/01
27		✓	04/28/01
28	✓	✓	04/28/01
29		✓	04/28/01
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44		✓	04/28/01
45		✓	04/28/01
46		✓	04/28/01
47		✓	04/28/01
48		✓	04/28/01
49		✓	04/28/01
50		✓	04/28/01

Claim	Final	Original	Date
51	✓	✓	04/28/01
52		✓	
53		✓	
54		✓	
55	✓	✓	
56		✓	
57		✓	
58		✓	
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Claim	Final	Original	Date
101		✓	
102		✓	
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107		✓	
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147		✓	
148		✓	
149		✓	
150		✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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